



*The Commonwealth of Massachusetts
Center for Health Information and Analysis*

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Administrative Bulletin 13-04

114.5 CMR 21.00: Health Care Payers Claims Data Submission

Effective May 9, 2013

The Center for Health Information and Analysis (“Center”) is issuing this Administrative Bulletin to notify Health Care Payers required to submit claims data to the Center in accordance with 114.5 CMR 21.03 of changes to the All-Payer Claims Database (“APCD”) file submission guidelines.

The Center is updating the Member Eligibility File to include new data elements in connection with the Massachusetts Alternative Risk Adjustment Methodology program established pursuant to the Patient Protection and Affordable Care Act (“PPACA”) and associated federal rules and regulations. The new Member Eligibility data elements relate to whether a Member is enrolled in a Risk Adjustment Covered Plan (“RACP”).

A new Benefit Plan Control Total File has also been added in connection with the Massachusetts Alternative Risk Adjustment Methodology program. The Benefit Plan Control Total File requires data for all RACP benefit plans offered in Massachusetts. Non-RACPs are not required to submit Benefit Plan Control Total File data.

The following table lists new data elements that must be submitted and also updates the descriptions, specifications, and usage information for some existing data elements.

Member File

Element	Element Name	Type	Length	Description	APCD Usage and Guidelines	Condition	Category	%
NEW DATA ELEMENTS IN MEMBER ELIGIBILITY FILE								
ME120	Actuarial Value (AV)	Decimal	Varchar (6)	The actuarial value of the risk adjustment covered plan the member is enrolled in	Calculate using the Federal AV Calculator for the risk adjustment covered plan the member is enrolled in. Report the Actuarial Value of this member as of the 15th of the month. Format to be used is 0.000. For example, an AV of 88.27689% should be reported as 0.8828.	Required when ME126 = 1	A0	100%

Element	Element Name	Type	Length	Description	APCD Usage and Guidelines	Condition	Category	%
ME121	Metal Level	Lookup Table - Integer	int[1]	Standardized plan level in metal reference	Report the Metal Level benefits that the member is associated to in this line of eligibility. Required for Risk Assessment. EXAMPLE: 1 = Bronze Level	Required when ME126 = 1	A0	100%
				Value	Description			
				1	Bronze			
				2	Silver			
				3	Gold			
				4	Platinum			
				5	Catastrophic			
				0	Unknown / Not Applicable			
ME126	Risk Adjustment Covered Plan (RACP)	Lookup Table - Integer	int[1]	Member enrolled in RACP Indicator	Non-grandfathered individual and small group plans underwritten and filed in the Commonwealth of Massachusetts are subject to risk adjustment. Large group plans, self-insured plans, and plans underwritten and filed in states other than Massachusetts are not subject to risk adjustment. See additional information in the Submission Guideline document for RACP definition. Report RACP status as of the 15 th of the month. EXAMPLE: 1 = Yes, the Member was enrolled in RACP as of the 15th of the month.	All	A0	100%
				Value	Description			
				1	Yes			
				2	No			
ME127	Billable Member	Lookup Table - Integer	int[1]	Billable Member Indicator	Billable members are: <ul style="list-style-type: none"> the subscriber; all dependent adults over the age of 21; and the three eldest children under the age of 21 Additional dependents under the age of 21 are not counted in rating (they are “non-billable” members). Billable members are identified at the point when eligibility begins;	Required when ME126 = 1	A0	100%

Element	Element Name	Type	Length	Description	APCD Usage and Guidelines	Condition	Category	%
					the flag should be populated for every successive month of enrollment in the plan up until the end of the benefit plan year.			
				Value	Description			
				1	Yes, the member is billable			
				2	No, the member is not billable			
ME128	Benefit Plan Contract ID	Text	varchar [30]	Identifier for the benefit plan the member is enrolled in as of 15 th of the month	<p>The Benefit Plan Contract ID is the issuer generated unique ID number for <i>each</i> benefit plan for which the issuer sets a premium in the Massachusetts merged (non-group/small group) market.</p> <p>Report the carrier / submitter-assigned identifier as it appears in BP001 in the Benefit Plan File. This element is used to understand Benefit Plan and Eligibility attributes of the member / subscriber as applied to this record for the Massachusetts Alternative Risk Adjustment Methodology.</p>	Required when ME126 = 1	A0	100%
ME129	Member Benefit Plan Contract Enrollment Start Date	Date	int[8]	Date the member is enrolled in the benefit plan	Report the date the member was enrolled in the Benefit Plan in CCYYMMDD format.	Required when ME126 = 1	A0	100%
ME130	Member Benefit Plan Contract Enrollment End Date	Date	int[8]	Date the member's enrollment ends with the benefit plan	Report the date the member disenrolled in the Benefit Plan in CCYYMMDD format. When member is still active in the Benefit Plan, do not report any date in this element.	Required when ME126 = 1 and member is disenrolled	B	100%
ME132	Total Monthly Premium	Integer Currency	Varchar [10]	Employer + Subscriber's total contribution to monthly premium	Report the total monthly premium at the subscriber level. Report 0 if no premium is charged. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070	Required when Submitter is identified as a Risk Holder Submitter and ME060 = A, I, O or P -and- Member = Subscriber	A0	100%

Benefit Plan Control Total File For RACPs

All submitters participating in the Massachusetts Alternative Risk Adjustment Methodology program are required to submit a Benefit Plan Control Total File for the RACPs. The Benefit

Plan Control Total file shall be submitted monthly to capture the attributes necessary for matching to the Eligibility and Claims Files coming in on the monthly schedule.

Element	Element Name	Type	Length	Description	APCD Usage and Guidelines	Condition	Category	%
HD001	Type of File	Text	char[2]	Defines the file type and data expected.	Report BP here. Indicates that the data within this file is expected to be BENEFIT PLAN-based. This must match the File Type reported in TR001.	Mandatory	HM	100%
HD002	Submitter	Integer	varchar [6]	Header Submitter / Carrier ID defined by CHIA	Report CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here.	Mandatory	HM	100%
HD003	Period Beginning Date	Date Period - Integer	Int[6]	Century Year Month – CCYYMM	Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD004, TR005 and TR006. This same date must be selected in the upload application for successful transfer.	Mandatory	HM	100%
HD004	Period Ending Date	Date Period - Integer	Int[6]	Century Year Month – CCYYMM	Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD003, TR005 and TR006. This same date must be selected in the upload application for successful transfer.	Mandatory	HM	100%
HD005	APCD Version Number	Decimal – Numeric	Char[3]	Submission Guide Version	Report the version number as presented on the APCD Benefit Plan File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate or file will drop. EXAMPLE: 3.0 = Newest Version	Mandatory	HM	100%
HD006	Comments	Text	varchar [80]	Header Carrier Comments	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	Optional	HO	0%
BP001	Benefit Plan Contract ID	Text	varchar [30]	Benefit plan ID	The Benefit Plan Contract ID is the issuer generated unique ID number for <i>each</i> benefit plan for which the issuer sets a premium in the Massachusetts merged (non-group/small group) market. This identifier is used to link this Benefit Plan line with its attributes to eligibility lines.	All	A0	100%
BP002	Benefit Plan Name	Text	varchar [70]	Submitter defined benefit plan name	A benefit plan refers to the health insurance services covered by a health insurance contract or “plan” and the financial terms of such coverage, including cost sharing and limitation of amounts of services. Risk scores are calculated at the benefit plan level by geographic rating area. Report a unique name for every	All	A0	100%

Element	Element Name	Type	Length	Description	APCD Usage and Guidelines	Condition	Category	%
					<p>Benefit Plan in a Carrier's system. For Benefit Plans with identical names, it is required that the Submitter add a refining 'element' to create unique Benefit Plan Names that align to unique Benefit Plan Contract ID Numbers. This refining element can be numeric, alpha or alpha-numeric.</p> <p>Report every Benefit Plan offered by the Issuer regardless of the number of members enrolled in a particular month.</p>			
BP003	Actuarial Value	Decimal	varchar [6]	Actuarial value for the benefit plan	<p>Calculate using the Federal AV Calculator for the risk adjustment covered plan.</p> <p>Report the Actuarial Value of this plan as of the 15th of the month.</p> <p>Format to be used is 0.000. For example, an AV of 88.27689% should be reported as 0.8828.</p> <p>Report 0.000 if the Benefit Plan is not in the Risk Adjustment Program.</p>	All	A0	100%
BP004	Claim Type Qualifier	Lookup Table - Integer	int[1]	Claim Type Identifier Code	Report the value that defines the claim type for the control totals in BP005 – BP007. EXAMPLE: 1 = Medical Claim Reporting	All	A0	100%
				<i>Value</i>	<i>Description</i>			
				1	Medical Claim Reporting			
				2	Pharmacy Claim Reporting			
BP005	Monthly Claims Paid Number for the Benefit Plan	Quantity - Integer	varchar [15]	Total Number of Claims Paid	<p>Report the total number of claim lines that correspond to the Benefit Plan Contract ID in BP001 and Monthly Net Dollars Paid in BP006. (Note that not all will be “paid” claim lines). Use Claims Paid Date ME089. If no claims were paid for this BP Contract ID, report 0. Do not use a 1000 separator (commas).</p>	All	A0	100%
BP006	Monthly Net Dollars Paid for the Benefit Plan	Integer	varchar [15]	Total Paid Amount	<p>Report the monthly aggregate Total Plan Paid Amount that corresponds to the Benefit Plan Contract ID in BP001 and the Claim Type in BP004. For the medical claims, the Paid Amount is MC063 and for pharmacy claims the Paid Amount is PC036.</p> <p>Calculate the total based on Paid Date (MC089). Include fee-for-service equivalent paid amount for services that have been carved out.</p>	All	A0	100%

Element	Element Name	Type	Length	Description	APCD Usage and Guidelines	Condition	Category	%
					Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070			
BP007	Total Monthly Eligible Members by Benefit Plan ID Period Date	Quantity - Integer	varchar [15]	Total Eligible Members	Number of eligible members enrolled on the 15th of the month for the Benefit Plan Contract ID reported in BP001, including billable and non-billable members.	All	A0	100%
TR001	Type of File	Integer	char[2]	Validates the file type defined in HD001.	Report BP here. Indicates that the data within this file is expected to be BENEFIT PLAN-based. This must match the File Type reported in HD001.	Mandatory	TM	100%
TR002	Submitter	Text	varchar [6]	Trailer Submitter / Carrier ID defined by CHIA	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002	Mandatory	TM	100%
TR003	Record Count	Integer	varchar [10]	Trailer Record Count	Report the total number of records submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters.	Mandatory	TM	100%
TR004	Date Processed	Integer	int[8]	Trailer Processed Date	Report the full date that the submission was compiled by the submitter in CCYYMMDD Format.	Mandatory	TM	100%
TR005	Period Beginning Date	Date Period - Integer	Int[6]	Century Year Month – CCYYMM	Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD003, HD004 and TR006. This same date must be selected in the upload application for successful transfer.	Mandatory	HM	100%
TR006	Period Ending Date	Date Period - Integer	Int[6]	Century Year Month – CCYYMM	Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD003, HD004, and TR005. This same date must be selected in the upload application for successful transfer.	Mandatory	HM	100%